

Order Summary

Mail or fax with appropriate form to:

Total Care Pharmacy Ltd.

Suite 100

#8 Manning Close NE

Calgary, AB Canada

T2E 7N5 Fax: 1-888-635-0535 or 1-866-809-0483

Fill in Your Information

Full Name:	
Address:	
City:	
State: Zip Code:	
Home Phone:	Work Phone:
E-Mail (optional):	

Your Order Summary

Name	Strength	Form	Qty	If refill, enter Rx Number	Price	Total
					Shipping	\$14.95
					Total Cost	

Please fill in your payment information. Please fill in the Option your prefer

Option #1: Card Card

Cardholder's Name:
Credit Card Type: VISA MasterCard (circle one)
Credit Card Number:
Expiration Date:
Cardholder's Signature

Option #2: Checking Account

Account Holder's Name:
Account Number:
Bank Routing Number:
Driver's License # or Mother's Maiden Name:

Have there been any changes to your health since your last order? If so, please describe below. If you have never filed a health profile with our pharmacy, you must complete and submit a "First-time customer form" with this order.

For new orders:

Attach a copy of your original prescription(s) here OR check one of the options below:

____ My physician will fax in my original prescription for this order

____ I will mail in my original prescription separately for this order

*** IMPORTANT ***

Canadian Law requires that the full patient name, address and telephone number must be
CLEARLY PRINTED on the written prescription in order for this prescription to be filled.

Special shipping instructions for this order:

--